

LICENSING DIVISION

P.O. Box 989002 (916) 445-7724 West Sacramento, CA 95798-9002



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES APPLICATION FOR LICENSE

Type of License Applied for:				
C DONATE INVESTIGATE	☐ PRIVATE PATRO	OL OPERATOR	☐ REPOSSESSION AGENCY	
PRIVATE INVESTIGATO	DH ☐ ALARM COMPA	ANY OPERATOR	☐ LOCKSMITH COMPANY	
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This information is requested pursuant to sections 6980.17, 7503, 7525 and 7593 of the Business and Professions Code and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected.			Department Use Only Prefix	
If the qualified manager has already passed manager, you may submit the licensing fee do not submit the licensing fee at this time, exfees for locksmith and repossession agencies of Fees.)	and the application fee with this ap xcept for locksmith and repossessor	plication. Otherwise, applicants. Licensing	No.	
The application and/or license fee shall not	be refunded		Ехр	
Please type or print clearly.				
1. Proposed Business Name				
2. Business Address - Number and Street		City	State ZIP Code	
3. Qualified Manager's Full Name (or pers	on who will be in active charge of the	ne business for locksm	iths)	
4. Qualified Manager license Number (if li	censed)	5. Telephone - Busine	ess Residence	
6. Type of Business Organization Individual	Partnership	Corporation	0	
201120010000000000000000000000000000000				
Social Security No. (Individ			I (Partnership Ownership Only)	
financial officer, and any other corporate offi			corporations list chief executive officer, secretary, ch s needed, attach a separate sheet.	
Name - Last	First	Middle	Position .	
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Each person listed in items 3 and 6 must co have previously submitted this information in		ification Form (Form 31	A-9) and fingerprint card, even though the person m	
	wiedge that all statements made in	this form are subject to	ed on this Application for License and any accompany o investigation and that ANY FALSE OR DISHONE I OF LICENSE.	
Signature	Date	Signature	Date	
Signature	Date	Signature	Date	
Signature	Date	Signature	Date	

SIGNATURES REQUIRED: Individuals whose names appear in Item number 3 and 6.

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.